

ROWAN COUNTY APPLICATION FOR EMPLOYMENT

Date of Application _____

(SSN Voluntary, for record keeping and data processing only)

Social Security Number _____

Last Name _____

First Name _____

Middle Name _____

Address (Street number and name) _____

City _____

County _____

State _____

Zip Code _____

Phone (Home or where you can be reached) _____

Business Phone _____

() _____

() _____

Availability

Do you now work for the County of Rowan?

☐

YES

☐

NO

Are you related by blood or marriage to any person now working for the County?

☐

YES

☐

NO

If yes, give name, relationship to you and the agency where employed. _____

If not a U.S. citizen, are you eligible to work in the U.S.?

☐

YES

☐

NO

Agency: _____

Military Service

Have you served honorably in the Armed Forces of the United States

☐

YES

☐

NO

At the time of this application, are you the spouse of a deceased veteran?

☐

YES

☐

NO

Give dates of your (or spouse's) qualifying military service

Entered: _____ Separated: _____ Branch : _____ Rank: _____

Are you a member of the Military Reserves?

☐

YES

☐

No

Branch : _____

Rank: _____

CHECK the types of work you will accept:

☐

1. Regular full-time

☐

2. Regular part-time

☐

3. Temporary full-time

☐

4. Temporary part-time

☐

5. Any of the preceding

☐

6. Shift or split shift work

If you are not available for work now, enter the earliest date you could begin work (mo./day/yr.) _____

Jobs Applied For

Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.

1. _____

2. _____

3. _____

Referral Source

Please indicate your referral source: _____ If you were referred by the

Employment Security Commission (Job Service) please indicate which local office: _____

Education

Select highest grade completed:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

GED

Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

School	Name and Location	Dates Attended	Grad	S/Q Hrs.	Maj/Min Course Work	Degree Received
High School			Yes			
			NO			
College(s) University(ies)			Yes			
			NO			
College(s) University(ies)			Yes			
			NO			
Graduate or Professional			Yes			
			NO			
Other educational, vocational schools, internships, etc.			Yes			
			NO			

If you are a male applicant age 18 to 25, have you registered with the Selective Service System?

☐

YES

☐

NO

Your failure to accurately answer this question will void your application for employment with Rowan County Government.

CHECK the following skills, experiences, etc. which you have.

☐ Driver's License # _____

☐ Chauffeur's License _____

☐ Car for use at work _____

☐ Sign Language _____

☐ Foreign language (specify) _____

☐ Adding machine, calculator _____

☐ Typing (specify WPM) _____

☐ Shorthand/speedwriting (specify WPM) _____

☐ Legal transcription _____

☐ Medical transcription _____

☐ Braille skills _____

☐ Computer skills (specify) _____

☐ Other _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (if yes, explain fully on an additional sheet.)
☐ ☐

Work History (include volunteer experience) Use Additional Sheets If Necessary

Current or Last Employer:			Address and Phone Number		
Job Title			Supervisor's Name		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary per		Ending Salary \$	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)		Duties:			
Full Time	Years	Months			
Part Time	Years	Months			
if part time, number of hours worked per week:					
Employer			Address and Phone Number:		
Job Title			Supervisor's Name		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary per		Ending Salary \$	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)		Duties:			
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					
Employer.			Address and Phone Number:		
Job Title			Supervisor's Name		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary per		Ending Salary \$	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)		Duties:			
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

I certify that I have given true, accurate and complete information on this form to the best of My knowledge. In the event confirmation is needed in connection with my work I authorize educational institutions, associations, registration or licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed. I understand that employment will be contingent upon passing a pre-employment drug test.

Signature of Applicant (unsigned applications will not be processed)

Date

Mailing address: Rowan County Human Resources
 130 West Innes Street
 Salisbury, NC 28144
 (704) 636-1658 Job Line (704) 642-2022 Fax (704) 642-2021

Please use as many of these sheets as necessary. You may complete on-line or print as a blank form.

Work History (include volunteer experience) Use Additional Sheets If Necessary					
Employer:			Address and Phone Number		
Job Title			Supervisor's Name		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary per	Ending Salary \$	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr)	Duties:				
Full Time	Years	Months			
Part Time	Years	Months			
if part time, number of hours worked per week:					
Employer			Address and Phone Number:		
Job Title			Supervisor's Name		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary per	Ending Salary \$	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr)	Duties:				
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					
Employer.			Address and Phone Number:		
Job Title			Supervisor's Name		No. Supervised by you:
Date Employed (mo/yr)	Starting Salary per	Ending Salary \$	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr)	Duties:				
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					